

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
EDUCATION ADVISORY COMMITTEE  
REQUEST FOR ELIGIBLE TRAINING COST OR PROJECTS FUNDING  
WASTEWATER OPERATORS ONLY**

Name of organization or person making request: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*No. & Street*

\_\_\_\_\_ *City State County Zip Code*

Contact Person Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*First MI Last*

Funding being requested for: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) or Courses(s): \_\_\_\_\_

**PLEASE NOTE:**

•Reimbursement for individuals will require a certificate of completion, and/or passing grade of a C or higher (I n college level course work only) together with proof of payment. In addition, your employer must submit a written statement indicating you will not be compensated for the course registration fees including books, etc.....

•Reimbursement for organization/companies must provide a brochure of the course, list of attendees.

Amount of Funding Requested: \_\_\_\_\_

|                               |                                      |               |
|-------------------------------|--------------------------------------|---------------|
| Advisory Committee            | <input type="checkbox"/> Approved    | Date: _____   |
|                               | <input type="checkbox"/> Disapproved | Amount: _____ |
| Reason for disapproval: _____ |                                      |               |
| _____                         |                                      |               |
| _____                         |                                      |               |
| Signature: _____              |                                      |               |

Please submit form to the following address:

NJDEP  
Examination and Licensing Unit  
Mail Code 401-04E  
PO Box 420  
Trenton, New Jersey 08625-0420